PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State			FUED		
KEII		DIVISION OF CORPORATIONS		2019 HAR -7 PM 2:52			
DOCUMENT # P02000072265 1. Corporation Name					UMB GATE DULL WHADSEE, FL		
D 8	E CONSTRUCTION G	ROUP, INC	: .				
-	Dal Office Address - No P.O. Box # Tamiami Canal Road #, etc.	3. Mailing Office Address 6111 Tamiami Canal Road Suite. Apt. #, etc.			800826018018 03/07/1901020012 **1393.75 crzeogi (1770)		
					Date Incorporated or Qualified To Do Business in Florida		
Mian	ni, FL	Miami,FL			7/1/2002 5. FETNumber Applied For Not Applicable		
² 312	26 U.S.	33126	U.S	•	 6 		8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent							
Jose Diego Gonzalez Street Address (P.O. Box Number is Not Acceptable)							
6111 Tamiami Canal Road							
<u>Mi</u> am	<u>i</u>		FL	33126			
	g appointed the registered agent of the about	ve named corporation	n_am.familios	vith and accept the ot	oligations of section	on 607.0505 or 617.0503, F	.S.
Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date 3/6/19		
9. Name	s and Street Addresses of Each Officer and	d/or Director (Flonda	nonprofit corpo	rations must list at lea	ast 3 directors)		
Titles Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
<u>P</u> _	Jose Diego Gonzalez		6111 Tamiami Canal		al Road	Miami,FL 33126	
<u> </u>							
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_	2015-			2019 C. GOLDEN			
						<i>\</i>	IAR 2 3 2019
^{0.} E-ma	il Address:gm4good@gmail.com	<u>-</u>				-	
reinstate	that I am an officer or director or the receivement application, the reason for dissolution	i has been eliminated	red to execute	name satisfies the re-	ovided for in chapt	tion 607 0401 or 617 0401	E.C. and that all fees
Oweu o	the corporation have been paid. I further c under oath. I am aware that false information	enity, the information	indicated on thi	is application is true a	ind accurate and	my sinnature shall have the	earne local offeet on

SIGNATIONE AND LITTE DOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

305-498-3930

Daytime Phone #

SIGNATURE: